



CABINET FOR HEALTH SERVICES
COMMONWEALTH OF KENTUCKY
FRANKFORT, 40621-0001



DEPARTMENT FOR MEDICAID SERVICES
"An Equal Opportunity Employer M/F/D"

October 2, 2003

Nursing Facility Provider Letter # A-192

Dear Nursing Facility Provider:

The Department for Medicaid Services (DMS) understands that provider's have requested information regarding programs that are available to Medicaid recipients who no longer meet Level of Care (LOC) to reside in a nursing facility or receive Home and Community Based Services. DMS has compiled the enclosed web sites to assist you in managing a recipient's healthcare needs. You may access these web sites by going to <http://chs.ky.gov/dms/provider/2003letters/default.htm>, and looking under the Provider letter for Nursing Facilities (Provider Type 12).

Should you have any questions, please contact Benjamin R. Sweger, Director, Long Term Care and Disability Services at (502) 564-7540.

Sincerely,

Mike Robinson
Commissioner

MR/vb
Attachments